

# UTILITY PATENT APPLICATION TRANSMITTAL

DUPLICATE

Address to: <b>Box PATENT APPLICATION</b> Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	CHOU3087/EM
	First Named Inventor (or identifier)	Cheng-Hsien CHOU
	Total Pages	19

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	Method For Applying Solder Mask Onto Pad Spacings Of A Printed Circuit Board
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1. Submitted herewith are the following:  
**6 pages of specification, including claims and Abstract.**  
**3 sheets of FORMAL drawings (Figs. 1-6).**  
**5 claims.**  
**1 Oath/Declaration signed by each inventor.**  
**1 Application Data Sheet.**  
**1 Assignment of the invention to Unitech Printed Circuit Board Corp., Taipei, Taiwan, R.O.C.,**  
**Cover Sheet, and payment of the \$40 recordal fee.**  
**1 check in the amount of \$790 (\$750- Filing Fee; \$40- Assignment Recordation Fee).**

2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.

3. **The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.**

4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number \_\_\_\_\_ filed \_\_\_\_\_. --

5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number \_\_\_\_\_ filed \_\_\_\_\_. --

6. Other: \_\_\_\_\_.

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$750.00
Total Claims:	5	- 20 =	0	X \$18 =	\$0.00
Independent Claims:	1	- 3 =	0	X \$84 =	\$0.00
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 <sup>th</sup> Floor Alexandria, VA 22314-1176			Multiple Dependent Claim (add \$280.00):		\$0.00
			Subtotal:		\$750.00
			50% Reduction if Small Entity Status:		\$0.00
Phone: 703-683-0500			Fax: 703-683-1080	Total:	\$750.00
Date:	Name:		Signature:	Reg. No.	
August 19, 2003	Eugene Mar			25,893	

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08/19/03

